



FALL 2011 ADULT ARENA SOCCER LEAGUE

PLEASE TYPE OR PRINT CLEARLY!!

OFFICIAL ROSTER

NAME OF TEAM _____

TEAM MANAGER _____

ADDRESS _____

CITY _____

*REQUIRED E-MAIL ADDRESS _____

ASSISTANT TEAM MANAGER _____

*REQUIRED E-MAIL ADDRESS _____

LEAGUE:Women'sRec
SUNOpen
MONMen'sRec
TUESOpen
WEDSCoedRec
THUROpen
FRI

REPEAT TEAM NAME/TEAM MANAGER ON REVERSE SIDE

PHONE (H) _____

PHONE (W) _____

PHONE (C) _____

PHONE (H) _____

PHONE (W) _____

PHONE (C) _____

ENTRY FEE: \$400.00

CASH - CHECK - DISCOVER - MASTERCARD - VISA

□ □ □ □ - □ □ □ □ - □ □ □ □ - □ □ □ □

Discover

MasterCard

Visa

EXPIRATION DATE _____

CARD HOLDER SIGNATURE _____

MAKE CHECK PAYABLE TO THE CITY OF HUNTINGTON BEACH

***** All schedule changes and updates will be sent by email *****

ROSTER CHANGES (MAXIMUM OF 5 ADDITIONS):

	NAME	ADDRESS	CITY	PHONE	BIRTH DATE
1.					
2.					
3.					
4.					
5.					

RECEIPT # _____ DATE _____ INITIAL ____ C/C ____ CHECK # _____ ROSTER # _____

Refund Processed/Check Returned: Amount _____ Date _____ By _____

Registration Deadline: September 1, 2011 at 4:00pm

All games will be played at the Central Park Sports Complex, 18120 Golden West
If you have any questions, please contact Community Services Department at (714) 536-5230
FAX (714) 374-1654

****SEE REVERSE SIDE****

CITY OF HUNTINGTON BEACH

COMMUNITY SERVICES DEPARTMENT

**FALL 2011 ADULT ARENA SOCCER LEAGUE****OFFICIAL ROSTER****PLEASE TYPE OR PRINT CLEARLY!!**

NAME OF TEAM			LEAGUE:	Women's		Men's		Coed	
TEAM MANAGER				Rec SUN	Open MON	Rec TUES	Open WEDS	Rec THUR	Open FRI
ADDRESS				PHONE (H)					
CITY			ZIP			PHONE (W)			
*REQUIRED E-MAIL ADDRESS				PHONE (C)					
ASSISTANT TEAM MANAGER				PHONE (H)					
*REQUIRED E-MAIL ADDRESS				PHONE (W)					
<u>REPEAT TEAM NAME/TEAM MANAGER ON REVERSE SIDE</u>				PHONE (C)					

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	NAME	ADDRESS	CITY	PHONE	JERSEY NUMBER
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

*****SEE REVERSE SIDE*****